



Department of Human Services
311 West Saratoga Street
Baltimore MD 21201

FIA ACTION TRANSMITTAL

Control Number: 19-14

Effective Date: Immediately

Issuance Date: April 2, 2019

**TO: DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES
DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT
FAMILY INVESTMENT SUPERVISORS**

FROM: NETSANET KIBRET, EXECUTIVE DIRECTOR *R*

RE: TDAP MEDICAL REPORT FORM 500-C

**PROGRAMS AFFECTED: TEMPORARY DISABILITY ASSISTANCE PROGRAM
(TDAP)**

ORIGINATING OFFICE: OFFICE OF PROGRAMS

Summary

TDAP is a state-funded cash assistance program for a customer with an impairment that will last at least three months and will prevent the customer from working. For the purposes of Temporary Disability Assistance Program (TDAP), the type of impairment does not impact program eligibility.

Action Required

The previous TDAP Medical Report Form 500-C captured whether a customer is unable to work due to a mental illness, a learning disability, violent behaviors, or a visual impairment. The new TDAP Medical Report Form 500-C form includes a new section whereby the healthcare provider may indicate if a physical impairment other than a visual impairment prevents the customer from working.

FIA updated the TDAP Medical Report Form 500-C as follows:

- 1) Adding a statement to capture whether a customer's impairment prevents the customer from working regardless of the type of impairment (Section C continues to allow the healthcare provider to indicate the conditions for which the customer is treated); and

- 2) Updating Section D so that the healthcare provider can indicate if the customer can work regardless of the type of impairment.

Moving forward, case managers must use the current TDAP Medical Form 500-C when processing a TDAP application. All previous versions of the form are obsolete.

Note: The TDAP Medical Report Form 500-C is for TDAP cases only.

Attachment

TDAP Medical Report Form 500-C (revised 4.2019)

Inquiries

For policy-related questions, please complete the [FIA Policy Information Request Form](#) found on Knowledge Base as shown in the screenshot below.

The screenshot shows the DHS Knowledge Base website. The sidebar on the left contains a list of navigation links, with 'Family Investment Administration' and 'Contact us with your FIA Program Eligibility Policy Question' circled in red. The main content area features a 'FIA Policy Information Request' form with a red header. The form includes instructions on how to submit a request and a section for the user's email address. On the right side of the page, there is contact information for Carrie A. Durham, JD, Director of Policy and Training, and Candice A. Roberts, FIA Executive Assistant.

DHS Knowledge Base

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Contact us with your FIA Program Eligibility Policy Question

FIA Policy Information Request

Have a FIA policy question? Click on the link to complete a Policy Information Request. Your question will be routed directly to the Bureau of Policy.

Questions will be answered within 48 business hours. If a question requires further research, you will be notified that there will be a delay and kept apprised of the status. Remember to review the policy manuals, Action Transmittals, and forms found on Knowledge Base (<http://kb.dhs.maryland.gov/family-investment-administration/>) prior to submitting a request; many times the answer to your question can be found through our online resources.

Technical questions regarding CARES functions should be directed to the Bureau of Systems Development and Management at fia.bsdm@maryland.gov.

*** Required**

Email address *

Your email

Contact Us

DHS
HUMAN SERVICES

Carrie A. Durham, JD
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DHS
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Tools

cc: DHS Executive Staff
FIA Management Staff
Constituent Services
DHS Help Desk

Family Investment Administration: TDAP Medical Report Form 500-C

_____ Department of Social Services

The Family Investment Administration is committed to providing access and reasonable accommodation in its services, programs, activities, education and employment for individuals with disabilities. If you need assistance or need to request a reasonable accommodation, please contact your case manager or call 1-800-332-6347.

Local District Office: _____ Date: _____

Case Manager: _____ Phone Number: _____

Customer's Name: _____ Customer ID#: _____

The information provided on this form is used to determine eligibility for Maryland's Temporary Disability Assistance Program (TDAP).

A. Patient Information:

Name of Patient: _____ Date of Birth: _____

Address: _____

Health Provider

B. Dates of Examinations: First Visit: _____ Last Visit: _____

C. Information About Impairment(s):

1. Provide the clinical diagnosis and name of impairment:

D. Health status:

1. Does this individual have a substance abuse issue? ☐ YES ☐ NO
If **yes**, do other medical conditions exist in addition to substance abuse? ☐ YES ☐ NO

2. Does this individual suffer from a physical /mental/emotional impairment ? ☐ YES ☐ NO
If **yes**, is the impairment severe enough to prevent the patient from working, participating in a work, training or educational activity. ☐ YES ☐ NO

3. Can the individual's impairment be expected to last at least 3 months? ☐ YES ☐ NO
If yes, can the individual's impairment be expected to last at least 12 months or more?
☐ YES ☐ NO

Please give the length of time the patient's impairment is expected to last.

____/____/____ to ____/____/____
Month Day Year Month Day Year

E. Please add comments or clarifications here.

Signature of a health care provider with independent diagnostic authority, who is authorized to evaluate, determine impairment, and independently treat medical, mental and/or emotional disorders and conditions, and who is providing services according to the requirements of the appropriate professional board.

Signature: _____ Print Name: _____

Title: _____ License #: _____

Health Care Practice Name and Address:

Date: _____ Phone: _____